## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

**Application or Docket Number** 

10963/56

		CI AIMS /	AS FILED -	- DADT	1 '	•				,		
	21 4194		(Column		-	lumn 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTIT	
	OTAL CLAIMS	3	,					RATE	FEE	٦	RATE	FEE
F	OR	:	NUMBER	1 FILED	NUMI	IBER EXTRA	1	BASIC FEE	<del></del>	OR		
TO	OTAL CHARGE	ABLE CLAIMS	mi	inus 20=	*			X\$ 9=	<del>                                     </del>	OR		-
<u> </u>	DEPENDENT C			ninus 3 =	*		1	X42=	<del> </del>	1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del> </del>
MI	JLTIPLE DEPE	NDENT CLAIM P	PRESENT"					+140=	-	OR		<u> </u>
*	f the difference	e in column 1 is	s less than z	ero, enter	r "O" in (	column 2	<b>.</b> !		<del></del>	OR		
		CLAIMS AS A				•		TOTAL	<u></u>	OR		AN
		(Column 1)	•	(Colum	mn 2)	(Column 3)	)	SMALL E	ENTITY	OR.	OTHER SMALL E	
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
E S	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AMF	Independent FIRST PRESE	* ENTATION OF MI	Minus AULTIPLE DEF	*** PENDENT	- OL AIM	-	1 [	X42≐		OR	X84=	
<u>.                                    </u>	· )	MIMION	ULTIPLE DE.	'ENDE'	CLAIM		1	+140=		OR	+280=	<del></del>
.,	I. IIV		· · ·	<b>.</b>			L	TOTAL			TOTAL	•
11	Alax	(Column 1)		(Colum		(Column 3)		ADDIT. FEE <b>L</b>		1°. "	ADDIT. FEE <b>L</b>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENUMENT		HIGHE NUMB PREVIOU PAID F	EST BER OUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• 14	Minus	##		=		X\$ 9=		OR	X\$18=	
AME	Independent	* X	Minus	***		=	1	X42=		OR	X84=	•
ب	FIRST PHESE	ENTATION OF ML	JLTIPLE DEF	ENDENI	CLAIM	4		+140=	•		+280=	
			•	•			L	TOTAL		OR	TOTAL	
		(Column 1)		(Columi	·~ a)	(Onlymn Q)	<b>A</b> I	DDIT. FEE	<del>.</del> .	OR A	ADDIT. FEE	<del></del>
٥.		CLAIMS REMAINING		HIGHE	EST	(Column 3)		<del></del>	ADDI-	Г	<u> </u>	ADDI-
AMENDMENT C	医山楂 经最级证券	AFTER AMENDMENT .		PREVIOU PAID FO	USLY	PRESENT EXTRA			TIONAL FEE			TIONAL FEE
NON			Minus	**		Œ		X\$ 9=		OR	X\$18=	
M	Independent		Minus.	***			· • • • • • • • • • • • • • • • • • • •	X42=		OR	X84=	-
_	FIRST PHEOE	NTATION OF MU	JLTIPLE DEPT	ENDENT	CLAIM		-					·
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							+140= TOTAL		L	+280= TOTAL	· · · · ·
-11	i the "Highest Num i the "Highest Num	mber Previously Pal mber Previously Pal	ald For IN THIS ald For IN THIS	S SPACE to le B SPACE to le	less than t	1 20, enter "20." 1 3. enter "3."	~	ODIT. FEE 🖳			TOTAL DDIT. FEE	
T	ne "Highest Num!	ber Previously Pald	d For" (Total or !	independer'	it) is the h	alghest number	found	I in the appro	priate box !	in colur	/nn 1. ,	. !